

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/533781</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13						63							
14	1		1			64							
15			1			65							
16			1			66							
17			1			67							
18	1		1			68							
19			1			69							
20			1			70							
21			1			71							
22	2		1			72							
23			1			73							
24	2		1			74							
25			1			75							
26			1			76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3	↓	3	↓	↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	23	◀	23	◀	◀	TOTAL DEP.	◀		◀	◀		◀	
TOTAL CLAIMS	26	[REDACTED]	26	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	